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843.43437X00

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020457 7590 11/05/2004

ANTONELLI, TERRY, STOUT & KRAUS, LLP
1300 NORTH SEVENTEENTH STREET
SUITE 1800
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02/08/2005 MBENEY2 00000112 10764563

01 FC:1501 1400.00 DP
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(Depositor's name)

(Signature)

(D)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/764,563	01/27/2004	Kenji Tokunaga	843.43437X00	9038

TITLE OF INVENTION: METHOD OF PURGING WAFER RECEIVING JIG, WAFER TRANSFER DEVICE, AND METHOD OF MANUFACTURING SEMICONDUCTOR DEVICE

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1370 1400	\$300	\$1670 1700	02/07/2005
EXAMINER	ART UNIT		CLASS-SUBCLASS		
HARRISON, MONICA D	2829		438-800000		

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
 "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list

(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,
(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

Antonelli, Terry, Stout
I & Kraus, LLP

2 _____
3 _____

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed in recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

Trecenti Technologies, Inc.

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Ibaraki, Japan

Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity Government

4a. The following fee(s) are enclosed:

4b. Payment of Fee(s):

Issue Fee
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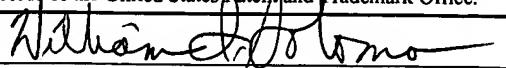
The Director is hereby authorized to charge the required fee(s), or credit any overpayment Deposit Account Number 01-2135 (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature



Date February 4, 2005

Typed or printed name

William I. Solomon

Registration No. 28,565

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